

Jess Brown, PT, CMPT



Premise Health presents:

Wellbeing 360° A virtual mind and body expo



Jess Brown, PT, CMPT

Physical Therapist, Product Manager

Jess Brown is a Physical Therapist with over 20 years of experience, predominantly treating patients with musculoskeletal pain concerns. He received his master's degree in Physical Therapy in 1998 from Beaver College and was recognized as a Certified Clinical Specialist in Orthopaedic Physical Therapy by the American Board of Physical Therapy Specialties in 2006. Additionally, he has post-graduate training in manual therapy, achieving the designation of Certified Manual Physical Therapist from the North American Institute of Orthopaedic Manual Therapy. He has been with Premise Health over 10 years, initially working as a clinician at an onsite health center and moving to a role as a Product Manager on the Musculoskeletal Solutions team for the last 2 years where he helps to provide clinical support to the clinicians who care for members with musculoskeletal conditions.



Session Disclaimer

This program is provided to you by Premise Health to support your overall wellbeing. Educational programs such as the one that follows are introductory in nature and are meant to encourage your further exploration and conversation with your provider. It is not a substitute for that relationship. You should consult the appropriate healthcare professional should you have a condition that warrants medical attention or advice and support.





Healthy Pain Management

Course Objectives

- Upon completion of the course, participants will be familiar with the following:
 - Revised definition of pain
 - Impact of MSK pain
 - The relationship between psychosocial and lifestyle factors and MSK pain
 - How addressing the social, emotional and physical contributors to pain can help reduce and/or prevent persistent pain



Healthy Pain Management

What is Pain?

- The International Association for the Study of Pain revised their definition in 2020
- Pain = An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage
 - Pain is a personal experience that is influenced by biological, psychological, and social factors
 - Tissue damage (a.k.a. Nociception) and pain are different phenomena
 - People learn the concept of pain via their life experiences
 - Pain can have adverse effects on function as well as social and psychological well-being





So, What Does That New Definition Actually Mean?

- There are multiple contributing factors that work in conjunction to create the sensation of pain
- Each of those individual factors can turn the pain dial up (or down)



https://www.painscience.com/imgs/knob-pain-s.jpg

Impact of Musculoskeletal Pain

Incredibly common

- Low back pain is the most common MSK condition
- Joint and low back pain are among the top 5 reasons for ambulatory care visits
- 1 in 5 US adults have chronic pain

Incredibly costly

• Total annual cost of pain to US society = \$560-635 billion



Relationship Between Pain and Psychosocial Factors

- What are psychosocial factors?
- Mood/Emotional Factors
 - Anxiety
 - Depression
 - Negative Emotions
- Social Support/Interactions





Emotional Factors and Their Association with Pain

- Negative thoughts/depression/anxiety are associated with increases in pain
- Positive thoughts/optimism associated with reduced pain





Social Factors and Their Association with Pain

- Social forces impact pain
- People who report an increased perception of social support have less pain
- People whose social support group offered to take over painful tasks and encouraged them to become less active seem to suffer greater pain-related reduction in function
- People who report social isolation and loneliness may have an increased opportunity to focus on pain symptoms which can in turn increase their perception of pain



Premise Health presents:

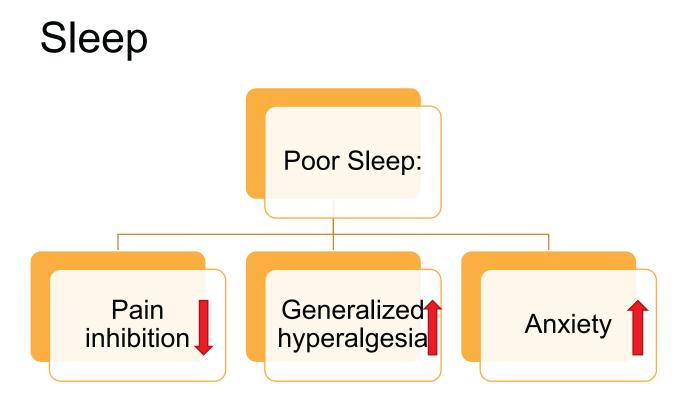
A virtual mind and body expo

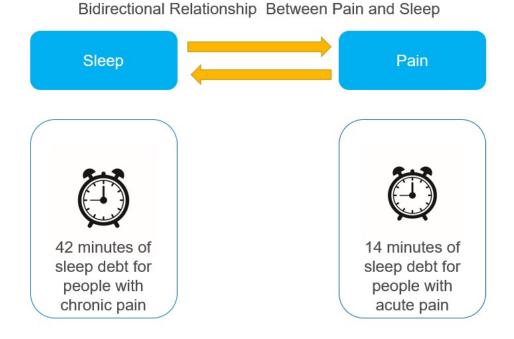
Lifestyle Factors Associated with Pain

- Sleep
- Smoking
- Physical Activity











Smoking

- Heavy smokers report higher pain intensity scores than non-smokers
- Heavy smokers report a higher number of painful sites
- Relationship appears to be dose dependent

Activity Level

- Inverse relationship between physical activity and LBP
- Physical activity is the primary component of conservative care for musculoskeletal pain
- Literature is unclear if any form of exercise is superior to another in preventing or resolving LBP

Healthy Pain Management

What Can I Do to Manage my Pain?

- Understand pain
 - Your pain always has a biological and a psychosocial/emotional component
 - Tissue damage and the sensation of pain are not the same thing
- Address psychological/emotional factors
 - Schedule time for activities that improve your mood or that you enjoy doing
- Address social factors
 - Increase positive social interactions



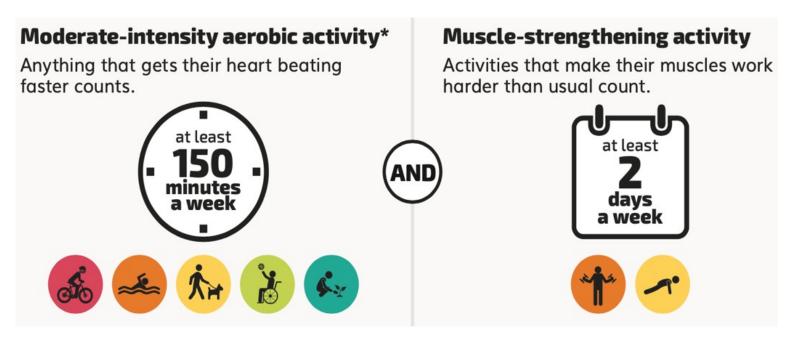


What Can I Do to Manage my Pain?

- Address lifestyle factors
 - Consider a smoking cessation program
 - Improve your sleep hygiene/develop a regular sleep schedule
- Participate in regular physical activity



Physical Activity Recommendations



U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd edition. Washington, DC: U.S.

Department of Health and Human Services; 2018.





Physical Activity Benefits

- Lowers the risk of all-cause mortality
- Lowers your risk of cardiovascular disease
- Lowers your risk of high blood pressure
- Lowers the risk of certain types of cancers







Physical Activity Benefits

Reduces anxiety

Reduces the risk of depression

mproves your sleep

Can help with weight loss, particularly when combined with reduced caloric intake

Improves your ohysical function

Reduces musculoskeletal pain/provides analgesia





Thank you for attending



Healthy Pain Management

References

- U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd edition. Washington, DC: U.S.Department of Health and Human Services; 2018.
- Raja S. N. (2020), et al, The Revised IASP Definition of Pain: Concepts, Challenges, and Compromises. Pain; 161(9); 1976-1982
- Gaskin D. J., Richard P. (2011) Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research. Appendix C: The Economic Costs of Pain in the United States; Institute of Medicine (US) Committee on Advancing Pain Research, Care, and Education. Washington (DC): National Academies Press (US)
- Bair M. J., et al. (2008) Association of Depression and Anxiety Alone and in Combination with Chronic Musculoskeletal Pain in Primary Care Patients. Psychosom Med 70(8): 890-897
- Mills S. E. E., Nicolson K. P., Smith B. H. (2019) Chronic Pain: a review of its epidemiology and associated factors in population-based studies. Br J Anaesth; 123(2): e273-e283
- Bruce B, Fries JF, Lubeck DP. (2005) Aerobic exercise and its impact on musculoskeletal pain in older adults: a 14-year prospective, longitudinal study. Arthritis Research & Therapy;7:R1263-1270
- Naugle KM, Riley JL III. (2014) Self-reported physical activity predicts experimental models of pain facilitation and inhibition. Med Sci Sports Exerc;46(3):622-629.
- Physical Activity Guidelines, 2nd Edition. (2018); US Department of Health and Human Services; Washington, DC: US

